

OFFICE USE ONLY

Lic. Year _____
Lic. Fee _____
Appl. Fee _____
Date Approved _____
Exp. Date _____

CONCESSIONAIRE LICENSE APPLICATION

**Kansas Racing and Gaming Commission
700 SW Harrison, Suite 420
Topeka, Kansas 66603-3754
(785) 296-5800**

**PROVIDING FALSE INFORMATION ON THIS APPLICATION
MAY RESULT IN CRIMINAL PROSECUTION.**

Failure to submit all information and fees will result in this application being returned unprocessed. Each concessionaire application and all attached documents shall be submitted as a single package. An original and one (1) copy of the application and required documents shall be filed at the Commission's Topeka office.

All concessionaire licenses shall expire on December 31 of the expiration year. Prior to expiration of a concessionaire license, the licensee may apply to the Commission for renewal of such license on a Commission-approved application form and pay the required fees. Each licensee or applicant for a license shall report immediately and in writing any change in license or application information to the Commission.

Mark type of license applying for:

- CO I ☐ Applicant will sell goods/services and proposes to have total annual on-track sales revenue of \$100,000 or more at a non-county fair race meet.
- CO II ☐ Applicant will sell goods/services and proposes to have total annual on-track sales revenue of less than \$100,000 at a non-county fair race meet.
- CO III ☐ Applicant will sell goods/services at county fair race meet held for a total of not more than 21 race days per calendar year.
- CO IV ☐ Applicant will provide coin-operated devices dispensing goods, entertainment, or amusement.
- CO V ☐ Applicant will provide professional service or service requiring special training such as Veterinarian, Physician, Farrier, Masseuse, etc.
- CO VI ☐ Applicant will sell goods/services for an event that lasts three (3) days or less. List name and date of event: _____

1. Name of applicant/business: _____
2. Name of contact person: _____
3. Business address: _____
(Street)

(City) (State) (Zip Code)
4. Business phone number: _____
5. Kansas racetracks where you intend to sell goods/services: _____
6. Type of goods/services to be provided at racetrack: _____
7. Kansas sales tax permit number: _____
(Note: Required for all concessionaires selling goods and/or services in the state of Kansas.)
8. Federal tax identification number: _____
9. Applicant for Class CO I, CO II, CO III, and/or CO IV license shall attach letter from organization or facility manager licensee authorizing business to sell goods/services at the racing facility. Attached: ☐ Yes ☐ No
10. List name, address, and telephone number of each partner, owner, officer, director, board member, policy-making manager, or any other entity and indicate those persons or entities having a voting interest or ownership in the business of the applicant.
- | <u>Name</u> | <u>Address</u> | <u>Phone No.</u> | <u>Percent</u> |
|-------------|----------------|------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
11. List names of individuals/employees scheduled to work at the racetrack:
- | | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
12. Are you, as an employer at the racetrack, liable under the Worker's Compensation Act of Kansas?
☐ YES (If YES, provide proof of insurance.)
☐ NO
13. As a practicing veterinarian, will you be selling any oral prescription drugs at the racetrack?
☐ YES (If YES, attach a list of oral prescription drugs you plan to sell at the racetrack.)
☐ NO

14. As a registered distributor of prescription drugs, will you be selling ☐ prescription drugs and/or ☐ non-prescription drugs at the racetrack facility?
- ☐ YES (If YES, attach a copy of your registration as required by K.S.A. 65-1601, *et seq.*, and a list of prescription and non-prescription drugs you plan to sell at the racetrack.)
- ☐ NO

Applicant Requirements

Important Notice: All persons working at a racetrack facility on behalf of a licensed concessionaire must obtain an occupation license from the Commission before beginning work at the racetrack. Forms are available from the Commission.

CO I Concessionaire License

1. The applicant shall disclose the identity of each partner, owner, officer, director, board member, policy-making manager, and any other entity having control and list each person or entity with a voting interest or ownership in the business. Each entity or individual identified having a voting interest or ownership of five percent (5%) or more shall complete and submit with this application fingerprint cards and a Kansas Racing and Gaming Commission Personal Background Disclosure Form. These forms are available from the Commission's Topeka office.
2. The applicant shall complete and submit with this application a Concessionaire Information Form. This form is available from the Commission's Topeka office.
3. The applicant shall submit with this application the application fee and license fee.
4. Concessionaire licensee shall maintain financial reports of on-track sales revenue and make available to the Commission upon request.
5. Concessionaire licensee selling prescription drugs or medications for racing animals shall maintain copies of all prescription forms received from licensed veterinarians and make available to the Commission upon request.

CO II Concessionaire License

1. The applicant shall disclose the identity of each partner, owner, officer, director, board member, policy-making manager, and any other entity having control and list each person or entity with a voting interest or ownership in the business. Each entity or individual identified having a voting interest or ownership of five percent (5%) or more shall complete and submit with this application fingerprint cards and a Kansas Racing and Gaming Commission Personal Background Disclosure Form. These forms are available from the Commission's Topeka office.
2. The applicant shall submit with this application the application fee and license fee.

3. Concessionaire licensee shall maintain financial reports of on-track sales revenue and make available to the Commission upon request.
4. Concessionaire licensee selling prescription drugs or medications for racing animals shall maintain copies of all prescription forms received from licensed veterinarians and make available to the Commission upon request.

CO III Concessionaire License

1. The applicant shall disclose the identity of all owners, officers, and other entities with a voting interest or ownership in the business.
2. The applicant shall submit with this application the application fee and license fee.
3. Concessionaire licensee shall maintain financial reports of on-track sales revenue and make available to the Commission upon request.
4. Concessionaire licensee selling prescription drugs or medications for racing animals shall maintain copies of all prescription forms received from licensed veterinarians and make available to the Commission upon request.

CO IV Concessionaire License

1. The applicant shall disclose the identity of each partner, owner, officer, director, board member, policy-making manager, and any other entity having control and list each person or entity with a voting interest or ownership in the business. Each entity or individual identified having a voting interest or ownership of five percent (5%) or more shall complete and submit with this application fingerprint cards and a Kansas Racing and Gaming Commission Personal Background Disclosure Form. These forms are available from the Commission's Topeka office.
2. The applicant shall complete and submit with this application a Concessionaire Information Form. This form is available from the Commission's Topeka office.
3. The applicant shall submit a copy of the contract entered into with the organization licensee and/or facility manager/owner licensee.
4. The applicant shall submit with this application the application fee and licensee fee.
5. Concessionaire licensee shall maintain financial reports of on-track sales revenue and make available to the Commission upon request.

CO V Concessionaire License

1. The applicant shall disclose the identity of all owners, officers, and other entities with a voting interest or ownership in the business.
2. The applicant shall submit with this application the application fee and license fee.

CO VI Concessionaire License

1. The applicant shall disclose the identity of all owners, officers, and other entities with a voting interest or ownership in the business.
2. The applicant shall submit with this application the license fee.

CONCESSIONAIRE LICENSE APPLICATION FEE SCHEDULE

1.	Class	Application Fee	Length of License	
	CO I	\$3000	5 years	
	CO II	\$500	5 years	
	CO III	\$20	1 year	
	CO IV	\$500	5 years	
	CO V	\$20	1 year	
	CO VI	\$0	3 days or less	
				\$ _____ Amount 1

2.	Class	License Fee	Length of License	
	CO I	\$500	5 years	
	CO II	\$250	5 years	
	CO III	\$20	1 year	
	CO IV	\$500	5 years	
	CO V	\$20	1 year	
	CO VI	\$10	3 days or less	
				\$ _____ Amount 2

TOTAL AMOUNT ENCLOSED WITH APPLICATION: \$ _____

**Make checks payable to:
Kansas Racing and Gaming Commission**

ADDITIONAL COSTS

NOTE: Pursuant to K.S.A. 74-8817(b), the cost of investigating each applicant's qualifications for licensure may be paid by the applicant. This cost may be substantial and will include the cost of processing fingerprints. The application fee will be used to cover these costs. However, if fees are not sufficient, the applicant may be charged by the Commission for costs above and beyond the application fees.

I request and authorize the Kansas Racing and Gaming Commission to conduct an official investigation of my personal history and background. I understand that application information is subject to the Open Records Act of Kansas. I authorize all consumer reporting agencies to release to the Commission any information requested in connection with this background investigation. I certify that all statements in this application are true and complete. I understand that failure to disclose all information accurately may result in denial or revocation of this license as well as criminal prosecution. I have read and understand this application.

Date: _____

Business Name: _____

Authorized Signature: _____

Title: _____

Signed and sworn to before me this _____ day of _____, _____.

State of _____)

)

County of _____)

Notary Public

My appointment expires: _____

Please mail or return this form, including all requested information and payment of fees, to:

**Kansas Racing and Gaming Commission
Concessionaire Licensing
700 SW Harrison, Suite 420
Topeka, KS 66603-3754**

Revised 02/22/05
C:/My Documents/Forms/Conc_Lic_Appl.doc